Fill in this information	on to identify your case:	
Debtor 1	Javier A. Ramos	
Debtor 2 (Spouse, if filing)	Angelina L. Ramos	
United States Bank	cruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
Case number (If known)	19-16648	Check if this is: An amended filing A symploment phonying postpatition chapter.
Official For	rm 106I	☐ A supplement showing postpetition chapter 13 income as of the following date:

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,		■ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed
	employers.	Occupation	Product Development Tech	Unemployed
	Include part-time, seasonal, or self-employed work.	Employer's name	Zentis	
	Occupation may include student	Employer's address		
	or homemaker, if it applies.		Philadelphia, PA	
		How long employed the	here?	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 4,102.00 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 4,102.00 0.00

Official Form 106I Schedule I: Your Income page 1

	otor 1 otor 2	Javier A. Ramos Angelina L. Ramos	_	Cas	e number (if known)	19-166	648	
	Cop	y line 4 here	4.	Fo	or Debtor 1 4,102.00		ebtor 2 or iling spouse 0.00	
_				-				_
5.		all payroll deductions:	_	_		_		
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	825.00	\$	0.00	_
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	_
	5c.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c.	\$ \$	0.00	\$	0.00	_
	5d. 5e.	Insurance	5d. 5e.	\$	0.00 580.00	\$	0.00 0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	_
	5h.	Other deductions. Specify:	5h.+	- 1 -	0.00	· · · —	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,405.00	\$	0.00	_)
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,697.00	\$	0.00	_)
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	_
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	_
	8c. 8d. 8e.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security	8c. 8d. 8e.	\$ \$ \$	0.00 0.00 0.00	\$ \$ \$	0.00 1,889.33 0.00	<u> </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	_
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	<u> </u>
	O.L.	Anticipated pro-rated tax refund	Ob.	Φ	476.00	. Ф	0.00	1
	8h.	Other monthly income. Specify: based on prior return	8h.+	\$	470.00	+ \$		<u></u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	476.00	\$	1,889.3	3
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,173.00 + \$	1,88	9.33 = \$	5,062.33
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depen		•		hedule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies					12. \$	5,062.33
13.	Do :	you expect an increase or decrease within the year after you file this form	1?				Combi month	ned ly income
		Yes, Explain:						

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